



Corps Network Education Award Program Program Suspension Form

On _____, AmeriCorps member _____
(Date) (Member Name)

is being suspended from the program for the following compelling circumstance:

- ☐ Medical Reasons:
- ☐ Student who plans to return during the next break or summer
- ☐ Illness or death of the member's family member
- ☐ Minor disciplinary action
- ☐ Vacation or Holiday
- ☐ Furlough or Weekend (All dates to be noted below):

☐ Other:

Member plans to return to the Corps and will check in monthly until his/her return.

- ☐ Yes
- ☐ No

Member signature

Date

Supervisor signature

Date

Suspensions and reinstatements must be entered into the Portal within 30 days.